

LOCAL TELEPHONE COMPANY**ANNUAL REPORT****OF THE****RECEIVED**04/03/14
**ARK PUBLIC SERVICE COMM
AUDIT SECTION****NAME** TalkBug.com, LLC

(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT 112 West Center, Suite 560, Fayetteville, AR 72201

(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY # 2755

(Here give the APSC-assigned company number)

TO THE**ARKANSAS PUBLIC SERVICE COMMISSION****COVERING ALL OPERATIONS****FOR THE YEAR ENDING DECEMBER 31, 2013**

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

TalkBug.com LLC
CLEC

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:

Name John S. LaTour Title Member

Address 112 West Center Street, Suite 560, Fayetteville, AR 72701

Telephone Number 479-443-7878

E-Mail john@latourcpa.com

04/03/14

Give the name, address, telephone number and e-mail address of the resident agent:

Name John S. LaTour Telephone Number 479-443-7878

Address 112 West Center Street, Suite 560, Fayetteville, AR 72701

E-Mail john@latourcpa.com

2755

TalkBug.com, LLC

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

IDENTITY OF RESPONDENT

1. Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:

Talkbug.com LLC

2. Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:

(a) 112 W Center Street, Suite 560 (b)
Fayetteville, AR 72701

3. Indicate by an x in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.

(a) () Electric, () Gas, () Water, (x) Telephone, () Other

(b) () Proprietorship, () Partnership, () Joint Stock Association,
() Corporation, (x) Other (describe below):
Limited Liability Company

4. If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.

(a) 6-Oct-05

(b) Partner: John S. LaTour 1%
Partner: Elizabeth M. LaTour 99%

5. If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:

(a)

(b)

(c)

6. State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:

Respondent did not conduct any part of its business under a name other than that shown in inquiry No. 1

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

7. State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like particulars as required of the respondent in inquiry No. 5 above: NOT consolidated.

(a) N/A

(b) N/A

(c) N/A

8. State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized and (d) state the occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, giving full particulars. NOT Reorganized.

(a) N/A

(b) N/A

(c) N/A

(d) N/A

9. Was respondent subject to a receivership or other trust at any time during the year? NO
If so, state:

(a) Name of receiver or trustee: _____

(b) Name of beneficiary or beneficiaries for whom trust was maintained:

(c) Purpose of the trust: _____

(d) Give (1) date of creation of receivership or other trust, and (2) date of acquisition of respondent: (1) _____ (2) _____

10. Did the respondent act in any of the capacities listed in Paragraph (a) below during the past year? NO If so,

(a) Indicate the applicable one by an X in the proper space:

() Guarantor, () Surety, () Principal--obligor to a surety contract,
() Principal--obligor to a guaranty contract.

(b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term	
		Beginning	End
N/A			

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
N/A		

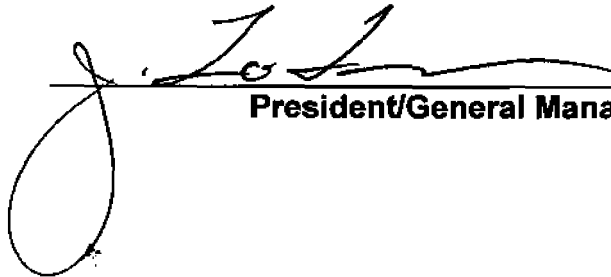
GROSS ASSESSABLE REVENUES	
Description	Amount
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$6,893

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	None
Business	None
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	
PBX Access Lines	None
Coin or Credit Card Paystation Access Lines	None
Company Official Access Lines (Numbers)	None
TOTAL ACCESS LINES	

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.



President/General Manager

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

COMPANY CONTACTS

Company Information	
Company Name	TalkBug.com, LLC
dba	
Official Mailing Address	112 West Center Street - Suite 560 Fayetteville, AR 72701

AREA	PERSON TO CONTACT	PHONE #	FAX #	E-MAIL
Annual Report	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Fuel Adjustment Report	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Cost of Debt Report	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Tariffs	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Accounting	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Rates	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Engineering	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Finance	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Income Taxes	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Property Taxes	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Gas Supply	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Legal	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com
Data Processing	John S. LaTour	479-443-7878	479-582-1111	john@latourcpa.com

Please list the number of utility employees located in Arkansas 1.